



## MANUFACTURER'S QUARTERLY WARRANTY SEAL REPORT

### REPORTING PERIODS

Mark an **X** in the box for the quarter reported

1<sup>st</sup> Quarter: January 1 – March 31

Postmarked by: April 30<sup>th</sup>

2<sup>nd</sup> Quarter: April 1 – June 30

Postmarked by: July 30<sup>th</sup>

3<sup>rd</sup> Quarter: July 1 – September 30

Postmarked by: October 30<sup>th</sup>

4<sup>th</sup> Quarter: October 1 – December 31

Postmarked by: January 30<sup>th</sup>

Failure to complete quarterly reporting may be subject to penalties as prescribed by Article 21-B.

Manufacturer's certification number ▶	
Legal name (as it appears on the Certification)	
DBA (doing business as) name	
Number and street	
City, State, ZIP Code	

<b>No Report Due?</b>	If you have not manufactured any homes for distribution or sale to a retailer in the State of New York for this reporting period mark an <b>X</b> in the box and mark <b>NONE</b> in Manufactured Units section.	<input type="checkbox"/>
<b>Has your address or business information changed?</b>	If so, call the Dept. of State at (518) 474-4073 or mark an <b>X</b> in the box and enter new information above.	<input type="checkbox"/>
<b>Final Report?</b>	If so, mark an <b>X</b> in the box if you are discontinuing your business operations and this is your final report. Attach your <b>Certification and unused warranty seals</b> to this report.	<input type="checkbox"/>

### MANUFACTURED UNITS

Warranty Seal No.	Unit Specific Information	Delivery Point
	Unit Serial No.	Name
	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address

**Where to mail report and attachments**

New York State Department of State  
 Division of Code Enforcement and Administration  
 One Commerce Plaza, Suite 1160  
 99 Washington Avenue  
 Albany, New York 12231

For office use only



Manufacturer's certification number ▶

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	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address
	Unit Serial No.	Name
	Model Name/No.	Address

**Accountability for Unused Warranty Seals**

Physical count of unused warranty seals remaining ▶

The undersigned Manufacturer certifies that it is certified as an manufacturer by the New York State Department of State pursuant to Article 21-b of Executive Law, that that the information contain herein is correct to the best of its knowledge, information and belief and this report is filed pursuant to 19 NYCRR 1210, Manufactured Homes. The undersigned further certifies that they are approved to construct manufactured homes by the United States Department of Housing and Urban Development and all homes listed herein are constructed in accordance with all applicable federal, state, and local statutes, laws, codes, rules and regulations.

Signature of Manufacturer or Authorized Representative	Title
Printed Name of Manufacturer or Authorized Representative	Daytime telephone (     )